GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

APM&HS – DPH&FW – Effective functioning & service delivery of Primary Health Care in Sub-Centres / PHCs / CHCs and Roles & Responsibilities of Dy. DM&HOs in CHNCs (Clusters) under the administrative control of DPH&FW – Framing & Preparation of certain guidelines & Procedure for effective implementation – Orders Issued.

HEALTH MEDICAL AND FAMILY WELFARE (B1) DEPARTMENT

G.O.RT.No. 602 **Dated:28-09-2015**
Read:

From DPH&FW, A.P. Hyd. Lr.Rc.No.379/Plg.D/2015, dt.15-9-2015.

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ORDER:

In her letter read above the DPH&FW, A.P. Hyd. has stated that there are thousands of Sub-Centres and Hundreds of PHCs / CHCs and Clusters functioning with lot of Medical & Para Medical and filed supervisory staff in the State so as to enable to deliver effective services to the down trodden / poor people living in rural and tribal areas.

2. All the Sub-Centres are functioning under the Administrative control of CH&FW, where as the PHCs / CHCs and CHNCs (Clusters) are being functioned under the administrative control of DPH&FW.

3. For effective functioning of all these Sub-centres / PHCs / CHCs and CHNCs and effective service delivery of Medial. Para medical staff & Filed Supervisory staff working in all the said institutions and with a view to have prompt vigilance & effective supervision over the said institutions, the DPH&FW, A.P. Hyd. has opined that it is necessary to issue certain guidelines for effective functioning of said institutions and certain instructions for effective service delivery of Medical and Para-medical and supervisory staff working therein and also to issue certain clear instructions regarding the Roles & Responsibilities of all the Dy. DM&HOs in the CHNCs (Clusters) in the state for effective supervision over the said institutions and staff working there.

4. Government of careful examination hereby accord permission issued the following guidelines with immediate effect.

I. GUIDELINES FOR SUB-CENTRE STAFF&SUPERVISORY STAFF FOR EFFECTIVE SERVICE DELIVERY:-

- All sub center staff should stay in their Head Quarters.
- Sub-center should be kept open from 9Am to 4Pm.
- In any circumstances SC should not be closed before 4Pm.
- All the staff of SC should be in Dress code with the Identity card at Facility & at field.
- All the IEC related to MCH Services, Water born & Vector born diseases should be displayed.
- MPHA(F) 1 –Ensure that all Medicines required to provide First-Aid Medical services to be kept in sufficient quantities. Should maintain the Drug stock Register,Equipment Register and see that the required equipment should be present in functional status like-
  1.Thermometer
  2.BP apparatus
  3.Sthethescope
  4.Weighing Machine
  5.Baby Weighing scale
  6.Haemoglobinometer
  7.Test kits for Pregnancy&Malaria
  8.Tickly bag

Staff of SC should know how to Record BP and Testing of Heamoglobine

- MPHA(F) 1&2 Should provide mainly the services of MCH and in addition to other services as per the requirement and need.

- MPHA (F) 1&2 Should maintain the Tablet given for the updating of MCTS in good working condition and should not be handed over to any other person for any purpose

- MPHA(M) Should provide the services related to Water born & Vector born diseases

  Should see the Sanitation, Cleaning and Chlorination of all Overhead Tanks & Wells, rectification of any pipeline leakages of water sources in Co-ordination with Panchayathi Raj &RWS Dpts. every 15 days and the date of chlorination should be recorded on the Over head Tanks & Wells.

  Should send the IDSP Reports on time & if any alarming situation in his area immediately to be informed to Medical officer & Dy.DM&HO concerned through Telephonic Message. Maintain the records of Diseases as per P Forms.

- MPHS(F) Should assist and supervise the work of MPHA (F),check the Skills, Verify the records weekly once, duly signing in all the registers.

  Randomly verify the beneficiaries in the field and should sign in the MCP cards after verifying the entries made by ANM.

  Should submit report to the Medical Officer once in 15 days.

- MPHS(M) Should assist and supervise the work of MPHA(M) verify the records weekly once related to Chlorination duly signing in the register and randomly verify in the field reg. recording of Chlorination of Overhead Tanks& Wells and submit report to Medical Officer once in 15 days.

II. GUIDELINES FOR PHC / CHC STAFF FOR EFFECTIVE SERVICE DELIVERY:

1. All PHCs / CHCs staff should stay in their Head Quarters.
2. All PHCs / CHCs should be kept open from 9.00 to 4.00 PM and for 24 hours in 24x7 Institutions. Under any circumstances the PHC/CHC should not be closed in the specify timings.
3. All the staff should attend the duties on time with a grace period of 15 minutes.
4. All the staff including medical officers should maintain dress code with the ID card while on duty at the facility and at field work.
5. Sanitation and greenery should be maintain in and around the Hospital premises.
6. All IEC related to all National Health Programmes should be displayed at the reception area.
7. Display of the following at reception area:
   i. Citizen Charter
   ii. List of availability of Essential Medicines with update of the stock.
   iii. List of services available.
   iv. List of Laboratory services available.
   v. Complaint box/ Suggestion box should be available at the reception area.

(a) JOB CHART OF PHARMACISTS:

1. The Pharmacist should ensure that all the Medicines and Vaccines required for the PHC should be made available in sufficient quantities.
2. He Should maintain the BIN CARDS, Drug Stock Register, Drug Watch Register, Equipment Register, ILR Temperature Chart.

3. He should ensure that all equipments are in good and functional status.
4. He should take the signature of the Medical Officer every 15 days in the all the registers after due update.
5. Should update C-DAC and SCM entries daily.
6. Any problem related to the job chart should be brought to the notice of the Medical Officer for rectification.
7. If Medical Officer is on tour Pharmacist should dispose of the OP related to common ailments with the prescriptions advised by the Medical officer .

(b) JOB CHART OF LAB TECHNICIAN:

1. Should maintain the Laboratory Clean and tidy.
2. The Lab Technician should ensure that all Material and Reagents for the laboratory test are available in sufficient quantities.
3. Should maintain Laboratory equipment in good working condition.
4. Should perform the laboratory tests as per the standards prescribed for the diseases.
5. If any problem related to the functioning of the Laboratory should be brought to the notice of the Medical Officer for rectification.

(c) JOB CHART OF HEAD NURSE / STAFF NURSE:

1. Should ensure that the Labour Room and the Operation Theatre should be kept clean and tidy. Fumigation to be done periodically.
2. Delivery table should be maintained properly.
3. New born care corner and Baby warmer should be maintained properly.
4. To ensure that all the IEC related to Stages of Labour, Partograph, Early initiation of Breastfeeding, Zero dose Immunization, Safe Child Birth Checklist(SCC), Active Management of 3rd stage of labour should be displayed/Painted properly in labour room.
5. Atleast 3 sets of Autoclaved delivery kits and new born baby kits should be available for ready use.
6. Emergency drug tray should be maintained with all the required medicines after duly checking the expiry dates.
7. Oxygen cylinder should be available in full working condition.
8. Anti-septic lotion / soap should be available for Hand wash at Washing area.
9. Staff Nurse should maintain the parturition register properly.
10. The Head Nurse should verify all these things daily and maintain the check list of all the things. She should see that all staff nurses are regular to their duties as per their duty roster.
11. They should conduct not less than 5 deliveries/month in Regular PHCs, not less than 10 deliveries/month in 24x7 PHCs and not less than 30 deliveries/month in CHCs.
12. Anticipate the risk for the pregnant patient early and refer them well in time to the appropriate nearby Referral centre with Escort duly informing the Referral Hospital In-charge.
13. Staff Nurse should take the signature of the Head Nurse and Medical Officer every day in the Parturition register and Referral register.

(d) JOB CHART OF PHN:

1. PHN should assist the Medical Officer in conducting Ante-natal OP.
2. Should explain all the Pregnant women on the importance of Hygiene, Nutrition, Early initiation of Breastfeeding, Birth Spacing and on Temporary Family Planning Methods.
3. Ensure that the Sub centre wise list of High Risk Pregnant women and Monthly EDD List should be displayed at Reception area.
4. Should verify the tour dairy of MPHS(F) every 15 days duly signing in their tour dairy.
5. Should visit all the sub-centres once in 15 days and verify the field registers of ANMs duly singing in them and randomly checking of beneficiaries in the field and submit the report to Medical Officer once in 15 days.
6. Should assist the Medical Officer in conducting the Maternal Death and Infant Death review.

(e) JOB CHART OF CHO:

1. Should assist Medical Officer in preparing the monthly reports and conducting the monthly review meetings with the field staff.
2. Should verify the tour dairy of MPHS (M), MPHA (M), MPHEO every 15 days duly signing in their tour dairy.
3. Should visit all sub-centres once in 15 days and verify the field registers of MPHA (M) related to sanitation, chlorination etc duly signing in their tour dairy and field verification of the same to be done and the report to be submitted to the Medical Officer every 15 days.
4. Ensure that the display of the statistics of the PHC related to the National Health Programmes for the last 3 years in the Chamber of the Medical Officer.
5. Ensure that PHC Map with sub-centre locations and the villages are to be displayed in the Medical Officer's room and at the Reception area.

(f) JOB CHART OF MPHEOs:

1. Should guide the MPHS (M) and MPHA (M) for the measures to be taken to control the water borne and vector borne diseases and submitting the data for entry in the IDSP portal on real time basis.
2. Should take measures for control of Water borne and Vector borne diseases by ensuring proper Sanitation, Chlorination, Vector control measures and Anti larval operations
3. Ensure that the spray activities should be completed as per the schedule and super wise the spray activities in order to control the vector borne diseases.

(g) JOB CHART OF SENIOR / JUNIOR ASSISTANT:

1. He should maintain Attendance register as per the Acquaintance register.
2. Should maintain the following Registers: cash book, Treasury book, Acquaintance register, JSY, JSSK, HDS funds and other Registers related to funds.
3. He should obtain the signature of the Medical Officer in all these Registers every 15 days.
4. He should ensure that all the Delivery patients Should receive their JSY payments through DBT before they are discharged.
5. Should see that the salaries of all the employees including the contract employees be paid through online / NEFT by 1st of every month.

(h) JOB CHART OF MEDICAL OFFICERS:

1. If there is a single Medical Officer at the PHC he should attend duties of the PHC during the OP hours and take up the field visits in the afternoon.
2. If 2 Medical Officers are present, the area of field supervision should be divided between both the Medical Officers.
3. The I/C Medical Officer should counter sign in the Attendance register daily at 9:15 AM.
4. Should maintain separate OP Registers of the Medical Officers with the Name and Qualification of the Medical Officer on the cover page.
5. All the Medical Officers should maintain the OP registers properly and fill all the details of the patient and the disease in legible hand writing.
6. Daily abstract of the OP cases includes Male, Female, Children, Antenatals, Postnatals, diseases wise to be written at the bottom of the daily OP in the OP register after the completion of the OP.
7. The I/C Medical officer should see that to perform at least not less than 5 deliveries/month in a regular PHCs, not less than 10 deliveries/month in 24x7 PHCs and not less than 30 deliveries/month including C-sections where ever the Gynaecologist, Anaesthetist and Theatre facilities are available
8. He should see that CDAC- SCM is properly done.
9. The Medical Officers should verify and sign in the Registers that are maintained by the Pharmacist, Staff Nurse, Lab Technician and Senior Assistant every 15 days.
10. Should conduct monthly review meetings with all the field staff.
11. Should conduct the HDS meetings regularly at least once in 3 months and maintain the minutes of the HDS meetings properly and communicate to the Dy. DM&HOs, and DM&HOs with the resolutions passed and the action taken.

12. Ensure that All the IEC related to National Health Programmes should be displayed at Reception area along with the PHC map with sub-centres and villages.
13. Ensure that the display of Employees charter including Call/Shift duties, List of services, Essential medicines list, List of Laboratory Tests and complaint / suggestion box to be at the Reception area.
14. Ensure that the salaries of all the employees including the contract employees should be paid through online by 1st of every month.

III. Roles and Responsibilities of Dy. DM&HOs:

- Stipulated timings of working hours: Dy. DM&HOs shall work from 9:00 AM to 4:00PM. However in emergencies they require to work for 24 hours.
- Dy. DM&HOs should stay at the headquarters.
- Dy. DM&HOs will prepare advance tour programme for the month with the list of Sub-Centres / PHCs with date and time to be submitted to the DM&HO and the District Collector in the last week of the succeeding month.
- Dy. DM&HOs shall tour a minimum of 20 days per month.
- Dy. DM&HOs shall install GPS Chip in vehicles. Bills should not be honoured without chip by the O/o DPMU from September 2015 onwards.
- Since Dy. DM&HOs are the administrative posts, they are not entitled for any private practice and anything done contrary to this is punishable.
- Capacity building of ANMs at sub-centres on basic diagnostic services like Hb estimation, testing of the blood pressure, urine test for albumin and sugar, taking the measurements like height and weight for antenatal mothers and MCTS on tablets by ANMs.
- Keep an eye on ASHAs on referring antenatal and delivery cases to private hospitals. If so to report immediately.
- Review on institutional deliveries – Govt. Vs private and LSCS Vs Normal Deliveries – facility wise and submit weekly reports.
- Supporting care of the antenatal cases and delivery cases (including inpatients) at the 1st referral hospitals irrespective of DPH&FW / APVVP establishment, at least one day in a week when they are at their CHNC office and to review JSY and JSSK issues and zero dose and complete immunization.
- Review the seasonal conditions and to report for any abnormal trends.
- Supervise the sanitation and chlorination of water sources - village / sub-centre wise.
- Criteria of performance indicators for 24x7 PHCs and CHC facilities: Report every month on the performance whether the targets are met with and redeploy the resources strictly basing on the performance. To submit the reports and compliance accordingly every month.

- Maternal and Child health services: Dy. DMHOs. Shall maintain name wise list of High Risk Pregnancy cases with EDDs and birth plan at CHNCs and monitor these cases closely.
- Capacity building of ANMs at sub-centres on basic diagnostic services like Hb estimation, testing of the blood pressure, urine test for albumin and sugar , taking the measurements like height and weight for antenatal mothers and MCTS on tablets by ANMs.
- Dy. DM&HOs will have the list of children with Severe Acute Malnutrition (SAM) and all the high risk pregnancies in his area and will personally monitor the progress and investigate into the social causes responsible for the condition in coordination with the PHC MO and the senior PHN of the CHNO and report it. The prevalence of Malnutrition among the children and Anaemia among Pregnant women and Adolescent girls of each PHC has to be calculated and be available in the CHNO.

- Maternal and Infant death reviews: All the reported maternal and infant deaths will be reviewed by the Dy. DM&HO and the PHC medical officer along with the CHO (F) immediately after the event. The report and the analysis of the causes of death along with the preventive measures shall be submitted to the DMHO. Any social causes identified prevention measures will be discussed with the community / self help groups.

- Monitoring of all the National Disease control programme: With the supporting team of supervisory staff, the Dy. DM&HO shall ensure the control and prevention of vector borne diseases, screening of school children, case based tracking of Leprosy & TB cases, ensure screening and counselling for HIV and establish linkages for TB & HIV. The Senior Treatment Supervisor of RNTCP assigned to the area shall report the number of TB cases and their follow up every month to the Dy. DM&HO. The Dy. DM&HO shall ensure that PHC Medical Officers will get the drinking water supplies tested in all the villages during their outreach visit in the PHC mobile vehicle. The Para Medical Opthalmic Officer (PMOO), if available in the PHC, will refer the cataract cases from the field to the CHNC, the Dy. DM&HO will ensure that the senior PMOO positioned at the CHNO will arrange for the surgeries required. The IDSP reports from the PHCs and the sub centres shall be analysed and checked for increasing trends of communicable diseases and corrective measures taken. The Dy. DM&HO shall guide outbreak investigation, if it occurs in the area.

- Coordination Activities: DY. DM&HOs will establish linkage between the Primary Health care system and the referral hospitals. The Dy. DM&HOs will work in coordination with the CDPO to address the issues regarding malnutrition among children. They will coordinate with the Private Nursing Homes and other Non-Governmental organizations working in health to report communicable and Non-Communicable diseases in the area. The Private Nursing Homes shall report their performance in terms of number of Caesarian Sections, Hysterectomies, Tubectomies, Maternal and Infant deaths in their facilities. They will attend all the HDS meeting and will also conduct monthly meeting with the medical officers in the area. The Dy. DM&HO will coordinate with other allied departments like the rural water supply etc. that have a role in ensuring the health of the communities.

6. The CH&FW and DPH&FW, A.P. Hyd. is requested to take necessary action.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

POONAM MALAKONDAIAH
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Director of Health and Family Welfare, A.P. Hyderabad.
The Commissioner of Health and Family Welfare, A.P. Hyderabad.

//Forwarded By Order //

SECTION OFFICER